THE ASSOCIATIONS BETWEEN SEXUAL VICTIMIZATION AND HEALTH OUTCOMES AMONG LGBQA COLLEGE STUDENTS: EXAMINING THE MODERATING ROLE OF SOCIAL SUPPORT

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The current study tested how sexual victimization was associated with depressive symptoms, post-traumatic stress disorder (PTSD) symptoms, and alcohol use disorder (AUD) symptoms among 234 diverse LGBQA college students. Additionally, social support was tested as a moderator. Findings indicated that sexual victimization was related to greater depressive symptoms, PTSD symptoms, and AUD symptoms. In addition, perceived social support moderated the relation between sexual victimization and depressive symptoms, however, in a direction contrary to hypotheses. In particular, higher sexual victimization was associated with greater depressive symptoms among LGBQA students with higher levels of social support (β = .29, p < .001), and was not significant among LGBQA students with lower levels of social support (β = .13, p = .26). The current study highlights the need to consider the detrimental effects of sexual victimization on health outcomes among LGBQA college students, as well as the mechanisms through which social support may be influencing these relations.

Sexual minority college students (e.g., people who identify as, but not limited to, lesbian, gay, bisexual, queer, or asexual; LGBQA) are two to four times more likely to experience sexual victimization compared to their straight-identified counterparts (e.g., Edwards et al., 2015).

Research has demonstrated that sexual victimization is associated with higher depressive symptoms, PTSD symptoms, and AUD symptoms (e.g., Gilmore et al., 2018).

Despite the alarming increased risk of sexual assault among LGBQA college students, existing research has focused on primarily straight-identified college samples (e.g., Blayney, Scalo, Radomski, Colder, & Read, 2019) and community-based adults who identify as LGBQA (e.g., Hequembourg, Livingston, & Parks, 2015), rather than LGBQA college students.

Understanding how sexual victimization influences mental health and substance use outcomes, and assessing social support as a moderator, among LGBQA individuals is warranted given societal and institutional adversities targeted at LGBQA individuals that present unique risk factors such as heterosexism and homophobia (Blissnich & Bossarte, 2012).

The purpose of the current study is to answer the following research questions: (a) Are sexual victimization experiences associated with health outcomes (i.e., depressive symptoms, PTSD symptoms, and AUD symptoms)? and (b) Are the associations between experiences of sexual victimization and health outcomes moderated by perceived social support?

Secondary data was analyzed from Split 4 Science, an ongoing longitudinal study that enrolled 4 cohorts (2011-2014; 2017) at a large US university. Students were invited to complete a self-report online survey during their first semester of college and a follow up survey each subsequent spring semester across college and beyond graduation. The survey took approximately 15-30 minutes to complete, and participants received $10 compensation.

This current study included emerging adults who completed follow-up surveys in 2017 which included juniors, seniors, 1st and 2nd year post-college.

Students identified as gay or lesbian (39%), bisexual (73%), queer (24%), or asexual (14%) (n = 234). Additionally, about half (56%) of the participants self-identified as White (n = 132), 16% as Black or African American (n = 37), 13% as Asian (n = 30), 0.9% as American Indian or Native Alaskan (n = 2), 3.9% as Hispanic or Latino (n = 9), 0.4% as Native Hawaiian or Other Pacific Islander (n = 1), and 9.8% listed something other than race (n = 23).

Most participants in the current study were female (74%) and 18-22 years of age (M = 18.4, SD = 0.41).

Sexual victimization: Two items from an abbreviated version of the Life Events Checklist (LEC).

Social support: Three items adapted from the 19-item Social Support Survey of the Medical Outcomes Study module (Sherbourne & Stewart, 1991)

Depressive symptoms: A subset of four items from each construct from the Symptoms Checklist (SCL-90).

PTSD symptoms: Four items from the Primary Care PTSD Screen (PC-PTSD; Pitts et al., 2003).

AUD symptoms: The DSM-V AUD criteria.

Controls: Sex, age, and race/ethnicity

Sexual victimization was associated with higher levels of PTSD symptoms (β = .45, p < .001), depressive symptoms (β = .21, p < .001), and AUD symptoms (β = .34, p < .001).

In contrary to expectations, there was no significant moderating effects of perceived social support on the relation between sexual victimization and PTSD or AUD symptoms.

The analytic strategy included running a series of regression models in Mplus v7.2 with the maximum likelihood estimation to handle non-normality of the data.

The hypothesized models were tested utilizing social support as the interaction variable.

RESULTS

The associations between sexual victimization and health outcomes among LGBQA college students: examining the moderating role of social support

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